

# REQUEST FOR PROPOSALS



## COMMUNITY DEVELOPMENT BLOCK GRANT

PROGRAM YEAR 40  
ALBANY COMMUNITY DEVELOPMENT  
AGENCY

## COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PUBLIC SERVICES

### Purpose of Request for Proposals (RFP)

The City of Albany annually receives Community Development Block Grant (CDBG) funds from the U.S. Department of Housing and Urban Development (HUD). The City maximizes the benefits of these funds by partnering with local non-profit organizations to conduct eligible Public Services activities. This booklet contains information on CDBG, eligible and ineligible activities, and the application for submitting a proposal for Program Year 40 grants.

### CDBG National Objectives

The **primary** objective of the CDBG program is the “development of viable urban communities by providing decent housing and suitable living environments and expanding economic opportunities, principally for low- and moderate-income individuals.”

Applications for CDBG funding must meet one of the following HUD **national** objectives. A proposal that fails to meet one of these objectives is ineligible.

1. **Directly benefit low- and moderate-income persons:** The program must benefit at least 51% low- and moderate-income persons. Public service activities will qualify under this category in most circumstances.
2. **Aid in the prevention or elimination of slum or blight:** Expenditures under this category are limited to 30 percent of the City's expenditures.
3. **Meet an urgent need:** The activity provides a remedy to a serious and immediate health or welfare problem, such as a natural disaster; *and* there are no other funds available; *and* the problem is of a recent origin. (Note: This category is used only in extraordinary circumstances.)

### Available Funds

The City of Albany anticipates has not received it's allocation for year 40. It anticipates that it will receive a significant funding cut for CDBG. **ACDA is estimating that the reduction will be 10-15% of its year 39 funding allocation.** Please submit your applications with this in mind. Final awards and funding amount will be determined based on the actual funding amount received from HUD.

### Eligible Public Services

Public services are social service activities in the community that benefit low- to moderate-income citizens and may include, but are not limited to, services related to employment, childcare, health, drug abuse, education, and energy conservation (see section 570.201 of the CDBG Regulations)

The following are examples of eligible CDBG public service programs:

- Services for homeless persons
- Employment services for individuals with disabilities
- Crime prevention for low-income youth
- Services for the elderly
- After school and child care programs

### Ineligible Activities

Generally, the following types of activities are ineligible:

1. Acquisition, construction, or reconstruction of buildings for the general conduct of government;
2. Political activities;
3. Certain income payments and construction of new housing by units of general local government.
4. Substitution of CDBG funds for current levels of state or local governmental funding for a service is prohibited.

### **Eligible Organizations**

Non-profit organizations that deliver services to low- and moderate-income clients within the city of Albany may apply for CDBG funding through the City of Albany's Community Development Agency. All non-profit organizations must have an IRS-granted nonprofit status at the time of application to receive funding through the City of Albany.

### **Site Visits for New Applicants**

New applicants include organizations that may have applied previously but have **never** been funded by the City of Albany. These organizations may be selected for review and should be prepared for staff to tour their facility, to observe current program activities, and to interview and observe staff members involved in similar activities to the services in which they are requesting funding.

### **Documentation of Client Eligibility**

In accordance with CDBG regulation 24 CFR 570.506, organizations must acquire information to determine client eligibility, as well as for general reporting purposes. These guidelines are discussed at the conclusion of the National Objectives section.

### **Application**

Organizations applying for CDBG funding for public services through the City of Albany must complete the following application and include applicable documentation. Please read the application carefully and complete all sections relevant to your activity. **Incomplete applications will not be considered for funding.**

### **Religious Organizations**

Primarily religious organizations must meet conditions outlined at 24 CFR Part 570.200(j) found in the CDBG regulations. An organization that participates in the CDBG program shall not, in providing program assistance, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious beliefs and may not engage in inherently religious activities, such as worship, religious instruction, or proselytizing as part of the programs or services funded under this part. If an organization conducts such activities, they must be offered separately, in time or location, from the programs funded by CDBG. Participation must be voluntary for the beneficiaries of the HUD-funded programs.

### **Match Requirements**

CDBG regulations do not require matching funds on behalf of the subgrantee as do some federal programs; however, limited CDBG funds **cannot support 100 percent of any program**. The City of Albany **highly recommends** that organizations provide leverage funds. Leverage fund sources include contributions derived from nonfederal sources and the value of third party in-kind contributions (i.e. volunteers, personnel, office space, materials, equipment, and supplies).

### **Meeting a HUD National Objective**

CDBG Public Service applicants must meet the National Objective regarding benefit to low- and moderate-income persons in order to receive funding. *Low- and moderate-income* is defined as

being less than 80 percent of the median family income for the area. Under this objective, CDBG-assisted public service activities must benefit low- and moderate-income persons using the **Limited Clientele** category (see below).

**Please note: All information used to verify the program’s national objective criteria must be documented, verifiable, and maintained in the subrecipients’ records on-site. Please read details on documentation requirements below the subcategory description.**

### **Limited clientele**

Limited clientele activities benefit a limited number of people rather than everyone in a defined area. At least 51 percent of those persons served must be low- and moderate-income persons. These activities must meet one of the following criteria:

- ☒ Benefit a clientele generally presumed by HUD to be principally low- and moderate-income, i.e. abused children, elderly persons, battered spouses, homeless persons, severely disabled adults, illiterate adults, persons living with AIDS, or migrant farm workers; or
- ☒ Require information and documentation on family size and income in order to show that at least 51 percent of the clientele are low- and moderate-income; or
- ☒ Have income eligibility requirements limiting the activity to low- and moderate-income persons; or
- ☒ Be of such nature and in such a location that it can be reasonably concluded that the activity’s clientele will primarily be low- and moderate-income; or
- ☒ Be an activity that provides job training and placement and/or other employment support services when the percentage of low- and moderate-income persons assisted is less than 51 percent. Examples include, but are not limited to, peer support programs, counseling, childcare, transportation, and other similar services. [Note: Some restrictions apply to these activities. See §570.208(a)(2)(iv).]

Examples of limited clientele activities include:

- public services for the homeless,
- meals for the elderly, and
- job training services for severely disabled adults.

**For each activity, one of the following types of documentation must be kept:**

1. Documentation showing that the activity is designed to be used exclusively by a segment of the population presumed by HUD to be low- and moderate-income persons; or
2. Documentation describing how the nature and the location of the activity establishes that it will be used predominantly by low- and moderate-income persons; or
3. Data showing the size and annual income of the family of each person receiving the benefit.

### **Consolidated Plan**

In order to receive funding under certain HUD programs, the City has adopted a Consolidated Plan that has been approved by HUD. The purpose of this Plan is to provide for housing and related needs in a way that improves the availability and affordability of decent, safe, and sanitary housing in a suitable living environment including housing for persons needing supportive services.

The priority needs and strategies identified in the Consolidated Plan will be a factor in the review of proposals. For a copy of the Executive Summary or a complete Consolidated Plan contact ACDA.

Each proposal to be considered for funding must address one or more of the following Consolidated Action Plan Objectives:

1). Economic Development - To create jobs for residents within their neighborhoods. To provide needed commercial services for these neighborhoods; to provide the training and services that will enable residents to successfully compete for job opportunities within the region. To expand economic opportunities, particularly for low-income persons by assisting in the creation and retention of businesses in the City of Albany.

2). Housing – To increase the number of first-time homebuyers in the City of Albany. To reduce the number of substandard and dilapidated housing units by rehabilitation. To provide lead based paint hazard control, particularly for low-income households with children under age 6. To stimulate redevelopment of neighborhood revitalization areas. To provide affordable housing assistance for very low-income households. To insure fair housing for all residents of the City of Albany.

#### 2.1 Homeless & HIV/AIDS

To provide a continuum of care that services homeless families & individuals of the City of Albany with special needs by providing outreach services, emergency shelters for families & individuals, transitional housing, permanent supportive housing, adaptable permanent housing and support services including employment, training, transportation, communication and case management as needed.

3). Public Facilities – To promote the development of the City of Albany as a viable urban community with improved public facilities including: Handicapped accessible improvements; neighborhood community centers, Parks and Recreation facilities; fire stations and equipment, community health facilities, asbestos and lead-hazard removal; preservation of historic sites.

4). Public Improvements – To provide a decent, safe & sanitary living environment, particularly for low income residents by the construction of public improvements including: flood drainage, water/sewer line repair and replacement, street improvements, sidewalk repair, tree planting, curb ramps, private utility repair, replacement and improvement.

5). Public Services - To promote neighborhood revitalization, particularly for Enterprise Community residents by providing improved public services including transportation, employment, education, entertainment & recreation, health care, emergency food, clothing and furniture assistance, substance abuse and handicapped assistance.

#### 5.1 Anti-Crime Programs

Provide a safe living and working environment where city of Albany residents, workers and visitors can conduct their lives in a productive manner by continuing and increasing the community policing programs.

#### 5.2 Senior Programs

To provide improved services and facilities for senior citizens of Albany, particularly supportive service programs for the “frail” elderly.

#### 5.3 Youth Programs

To prepare youth of the City of Albany for employment or continuing education and promote the development of youth into productive and responsible citizens. To prepare all children to succeed in school, to provide community

based, culturally diverse, safe and affordable opportunities for target area children.

6). **Planning and Administration** – To provide for effective planning and execution of community development activities including: planning, environmental design and policy planning; management capacity building; general management, oversight and coordination; public information for local officials and citizens; fair housing and equal employment opportunity efforts; HOME and CHDO Administration and Planning.

### Funding Timeline

Organizations applying for funding through the City of Albany must complete the following application and include all applicable documentation. Please read the application carefully and complete all relevant sections. Incomplete applications will not be considered for funding. The following is a summary timeline for the awarding of funds.

RFP Available	12/16/13
<b>Deadline for Applications – Monday , 4:00 pm</b>	1/13/14
Create proposal log and files	1/13/14
Proposal Review	1/14/14-1/24/14
Completed Proposal review forms due to ACDA from Citizen Reviewers and	1/27/14
ACDA produces Summary Report	1/28/14
Send Preliminary Awards Letters	1/30/14
Publish Proposed Statement in Times Union	2/1/14
Public Comments/Appeals Period (15 days)	2/1/14-2/21/14
Public Hearing (Appeals) by Joint ACDA- Common Council Committee at 200 Henry Johnson Blvd.	2/13/14
Appeal Recommendation	2/13/14-2/20/14
Introduction of Action Plan to Common Council	March 2014
Vote on Action Plan by Common Council	March 2014
Send Award Letters	March 2014
Prepare Environmental Review & Request for Release Notice	Set After Council  Votes on Action Plan
Publish Environmental Review & Request for Release of Funds in Times Union	
Public Comment Period on Environmental Review and Release of Funds (15 days)	
Send Action Plan to Mayor for signature	March 2014
Send Action Plan to HUD	By April 15, 2014
Start of Program Year 39	June 1, 2014
Receipt of Grant Agreement and Release of Funds	July 2014

### Instructions and Review Process

The City of Albany Community Development Agency invites qualified organizations with eligible programs to apply for CDBG Public Service grant funds. The City of Albany is seeking organizations that can demonstrate the capability to meet priority needs and objectives identified in the 2010-2015 Consolidated Plan

### Application Instructions

Faxed or electronic applications will **not** be accepted. All proposals received after the closing date noted above will be returned to the applicant without review.

**PLEASE BE CERTAIN TO:**

- Complete and submit *1 original and 5 unbound copies* (clips or accordion folders are preferred) of all documents.
- Attach all required supporting documentation as requested in the application.
- If you are applying for more than one project, you must submit a separate application with all required documentation.
- Follow the prescribed format for Application preparation closely. Present information in the order indicated.
- If you replicate this application, it must be consistent in all aspects of the original application.
- Do not submit materials other than those specifically requested. Letters of Support and Appendices submitted under separate cover will not be considered and therefore discarded.

**If your Application is funded, some additional documentation will be required prior to executing a contract between the City of Albany and your organization.**

Any questions or requests for additional information should be directed to James Matteo at 518-434-5240 or [matteo@ci.albany.ny.us](mailto:matteo@ci.albany.ny.us).

**Prior to responding to the RFP and submitting the application, check all calculations and review the proposal for completion of forms and other items on the checklist. Inaccuracies, omissions, and the use of forms from previous competitions will be grounds for rejection. All proposals will become part of the City of Albany's official files.**

**Proposal Due Date  
Monday January 13, 2014  
4:00 pm**

James Matteo  
Compliance Officer  
Matteo@ci.albany.ny.us

Albany Community Development Agency  
City of Albany  
518-434-5240

Physical & Mailing Address

City of Albany  
Community Development  
Agency  
200 Henry Johnson Blvd.  
Albany, NY 12210

**Late proposals and faxed proposals will NOT be accepted**

## CDBG Application

### PROGRAM COVER SHEET

☐ ORIGINAL ☐ COPY

#### Part 1 – General Information

Organization Name: \_\_\_\_\_  
Tax ID Number: \_\_\_\_\_  
Program Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, ZIP Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Part 2 – Program Funding

1) Requested Amount	
2) Other Funding Sources	
3) Total Program Cost *	
4) Percentage of City of Albany funds toward Total Program Cost **	

\* Total Program Cost is the Requested Amount plus the amount from Other Funding Sources.

(Line 1 + Line 2 = Line 3)

\*\* Percentage of City of Albany funds toward Total Program Cost is the Requested Amount Divided by the Total Program Cost. (Line 1 / Line 3 = Line 4)

#### Part 3 – Program Description

Provide a *brief* description of the proposed program in the space below. The description should be no more than five sentences and describe the program (not the organization), the purpose, number of unduplicated adults and children the program will serve in the contract period, and the cost items for which CDBG funds will be used. If staff positions will be funded by CDBG, list the position title and the amount paid by CDBG

**Applicant Name:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

Review the following list of documentation requirements. The original must include all of the following information in the order outlined below. The 3 copies submitted **must** include Tabs A-C in the order outlined below. Proposals that do **not** contain all of the following information will be considered **ineligible**.

- |              |                          |   |
|--------------|--------------------------|---|
| <b>Tab A</b> | <input type="checkbox"/> | Cover Letter (optional)                           |
|              | <input type="checkbox"/> | Program Cover Sheet                               |
|              | <input type="checkbox"/> | Application Checklist                             |
|              | <input type="checkbox"/> | Applicant Information                             |
| <b>Tab B</b> | <input type="checkbox"/> | Section 1: Organizational Capacity and Experience |
|              | <input type="checkbox"/> | Section 2: Evidence of Need for Services          |
|              | <input type="checkbox"/> | Section 3: Statement of Work/Scope of Services    |
|              | <input type="checkbox"/> | Section 4: Program Budget Narrative               |
|              | <input type="checkbox"/> | Program Budget *                                  |

**Attachments for ALL programs**

- |              |                          |   |
|--------------|--------------------------|---|
| <b>Tab C</b> | <input type="checkbox"/> | Board of Directors Information *  |
|              | <input type="checkbox"/> | Job descriptions for CDBG-funded positions and résumés for funded positions |
|              | <input type="checkbox"/> | Program-specific Organizational Chart                                       |
|              | <input type="checkbox"/> | Client Application/intake form  |
|              | <input type="checkbox"/> | Letters of Collaboration or Support   |
|              | <input type="checkbox"/> | Performance evaluation tools  |

**Attachments for ORIGINAL COPY ONLY**

- |              |                          |  |
|--------------|--------------------------|--|
| <b>Tab D</b> | <input type="checkbox"/> | Organizational chart (not program specific)                                |
|              | <input type="checkbox"/> | Organizational Budget (not program specific)                               |
|              | <input type="checkbox"/> | Minutes authorizing submittal of proposal (if applicable)                  |
|              | <input type="checkbox"/> | Articles of Incorporation  |
|              | <input type="checkbox"/> | Nonprofit documentation from IRS   |
|              | <input type="checkbox"/> | By-laws  |
| <b>Tab E</b> | <input type="checkbox"/> | Financial Audit/Certified Financial Statement                              |
|              | <input type="checkbox"/> | Director's and Officers' Liability and Errors and Omissions Insurance      |
|              | <input type="checkbox"/> | Policies and Procedures for employees, including internal control policies |
|              | <input type="checkbox"/> | Code of Conduct listing prohibited behavior for board and employees        |

\* Note: Standard forms provided by ACDA

## Applicant Information

### Contact Information:

1. Type of Organization: ☐ Non-Profit ☐ Government ☐ Quasi-Government  
☐ Faith Based ☐ Other (Please Specify): \_\_\_\_\_
2. Name of Organization: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
City, State, ZIP Code: \_\_\_\_\_
4. Physical Address of Program (facilities only): \_\_\_\_\_  
City, State, ZIP Code: \_\_\_\_\_
5. Contact Person: \_\_\_\_\_ 7. Fax: \_\_\_\_\_
6. Telephone: \_\_\_\_\_ 8. Email Address: \_\_\_\_\_
9. Proposed Activity: (Please circle one): 1) Economic Development 2) Housing, (2.1) Homeless-HIV/AIDS 3) Public Facilities 4) Public Improvements 5) Public Services (5.1) Anti-Crime (5.2) Seniors (5.3) Youth, 6) Planning & Admin
10. Provide the following information for a **program contact person**, a **financial contact person**, the **person who wrote the application**, and an **authorized contact**. Include attachments of job descriptions and résumés for key staff.

	NAME	TITLE	PHONE/EMAIL
<b>Program Contact</b> Someone who works with the program on a daily basis and can answer questions			
<b>Finance Contact</b>			
<b>Application Contact</b> Person who wrote this application			
<b>Authorized Contact</b> Person authorized to make commitments on behalf of the organization			

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS. I FURTHER CERTIFY THAT NO CONTRACTS HAVE BEEN AWARDED, FUNDS COMMITTED, OR CONSTRUCTION BEGUN ON THE PROPOSED PROGRAM AND THAT NONE WILL BE DONE PRIOR TO ISSUANCE OF A RELEASE OF FUNDS BY THE CITY OF ALBANY.

SIGNATURE OF AUTHORIZED PERSON LISTED ABOVE

DATE

PRINT NAME

TITLE

**Section I: Organizational Capacity and Experience** (Use only the space provided)

- A. Provide an organizational overview of your agency, including:
- a description of the history, mission, and services of the organization,
  - year of incorporation,
  - years of direct experience with program,
  - description of staff experience with program, and
  - federal grant management experience.

- B. Program-Specific Organizational Chart: Include all employees that contribute time toward this program, whether funded by CDBG or some other source. Identify staff that are funded by CDBG. Include name of staff, title, and years of experience with this program.

C. Has your organization carried out or attempted this CDBG program before?

☐ Yes      ☐ No

If you answered yes, please answer the following questions. If you do not have specific information, please provide estimates. If you answered no, answer the following question and then skip to question F4.

Has your organization ever attempted a similar project? If yes, what were the results?

☐ Yes      ☐ No

D. Has this program received the City of Albany funding before?

☐ Yes      ☐ No      If yes, for how many years? \_\_\_\_\_

E. What was the funding amount and number served for this program the last complete year?

Year: \_\_\_\_\_ Amount: \_\_\_\_\_ Planned Number Served: \_\_\_\_\_

Actual Number Served: \_\_\_\_\_

If you did not meet your planned number to be served, please provide an explanation below.

F. **Current or Past Subrecipients Only:**

1. What was the date (mm/dd/yyyy) of your last the City of Albany monitoring visit? \_\_\_\_\_

2. Were there any findings and/or concerns in your last monitoring visit?

☐ Yes      ☐ No

If **yes**, indicate the findings and/or concerns cited and the date the City of Albany cleared the findings and/or concerns.

3. Did your organization complete any mandated corrective actions outlined by the City of Albany?

☐ Yes    ☐ No (If **no**, please explain.)

4. In your previous experience with federally funded projects, was your organization required to pay back funds, in violation of regulations, etc. within the last three years?

☐ Yes    ☐ No    ☐ N/A (no experience with federal projects)

If **yes**, indicate the actions cited.

G. Board of Directors

In the space provided, please address the following:

- requirements to be a board member,
- efforts to recruit board members that represent the diversity of clients served,
- process for recruitment, training, and orientation of board members.

- [illegible]

---

<sup>2</sup> M=Male, F=Female

Page 15 of 27

**Section 2: Evidence of Need for Service (Use only the space provided)**

A. Program Priorities: Check the priorities the proposed program will address.

**City of Albany Consolidated Plan Objectives**

- ☐ Homeownership Assistance
- ☐ Rehabilitation/Reconstruction
- ☐ Acquisition
- ☐ New Construction of Affordable Housing
- ☐ Transitional Housing
- ☐ Rental Housing
- ☐ Transitional and Permanent Supportive Housing
- ☐ Fair Housing Services (discrimination complaints)
- ☐ Shared Housing for Seniors
- ☐ Housing Accessibility and Related Services for People with Disabilities
- ☐ Housing Counseling, Education and Support
- ☐ Pre-School Child Care
- ☐ School Age After School Care
- ☐ Youth Services and Recreational Activities
- ☐ Education and Tutoring Services
- ☐ Employment Counseling and Supports
- ☐ Health Services (physical, mental, dental)
- ☐ Senior Services (including Ombudsman services for seniors in care)
- ☐ Substance Abuse Treatment
- ☐ Services for Victims of Domestic Violence (including child abuse)
- ☐ Child Abuse/Domestic Violence Prevention and Outreach Services
- ☐ Counseling for Child Crime Victims/Struggling with Life Transitions
- ☐ Planning
- ☐ Homeless Services (shelter operations, direct services to persons, homeless prevention activities)
- ☐ Neighborhood Revitalization Projects (infrastructural supports for developments in low to moderate income areas such as fencing)

**B. Data Supporting Service to Target Population**

1. Describe the target population for the proposed service, its size, demographics, location, etc. What proportion of this target population will be served by the proposed CDBG-funded program? Provide a profile of a typical client or clients. Is the service directed at a particular geographic area or available community-wide? If you are proposing a program that will serve a specific area, neighborhood, etc please include a map of the area to be served with the demographics of the area clearly identified.

2. Provide current statistical data documenting the need for this service. Include as much local data as possible, as well as any relevant statistics collected by the applicant organization, such as the number of referral calls, number of clients on waiting lists, time on waiting list, etc. Describe how the need for this service has changed in the past three to five years. Provide sources for your information.

C. Non-duplication and Coordination

1. Are there other services or activities similar to your program provided by other organizations in the city of Albany? ☐ Yes ☐ No

If **yes**, how is your proposed program different or unique from other similar programs? Briefly explain in the space provided.

2. Does the proposed program collaborate with other programs in the city of Albany to provide this service? ☐ Yes ☐ No

If **yes**, briefly explain in the space below.

D. Financial Leverage:

Do you receive, or are you currently seeking funding from other sources for this program? ☐

Yes ☐ No

Add additional rows to the table if necessary.

Funding Source	Amount	Status – Approved, Pending, or Denied	Award Date
Total			

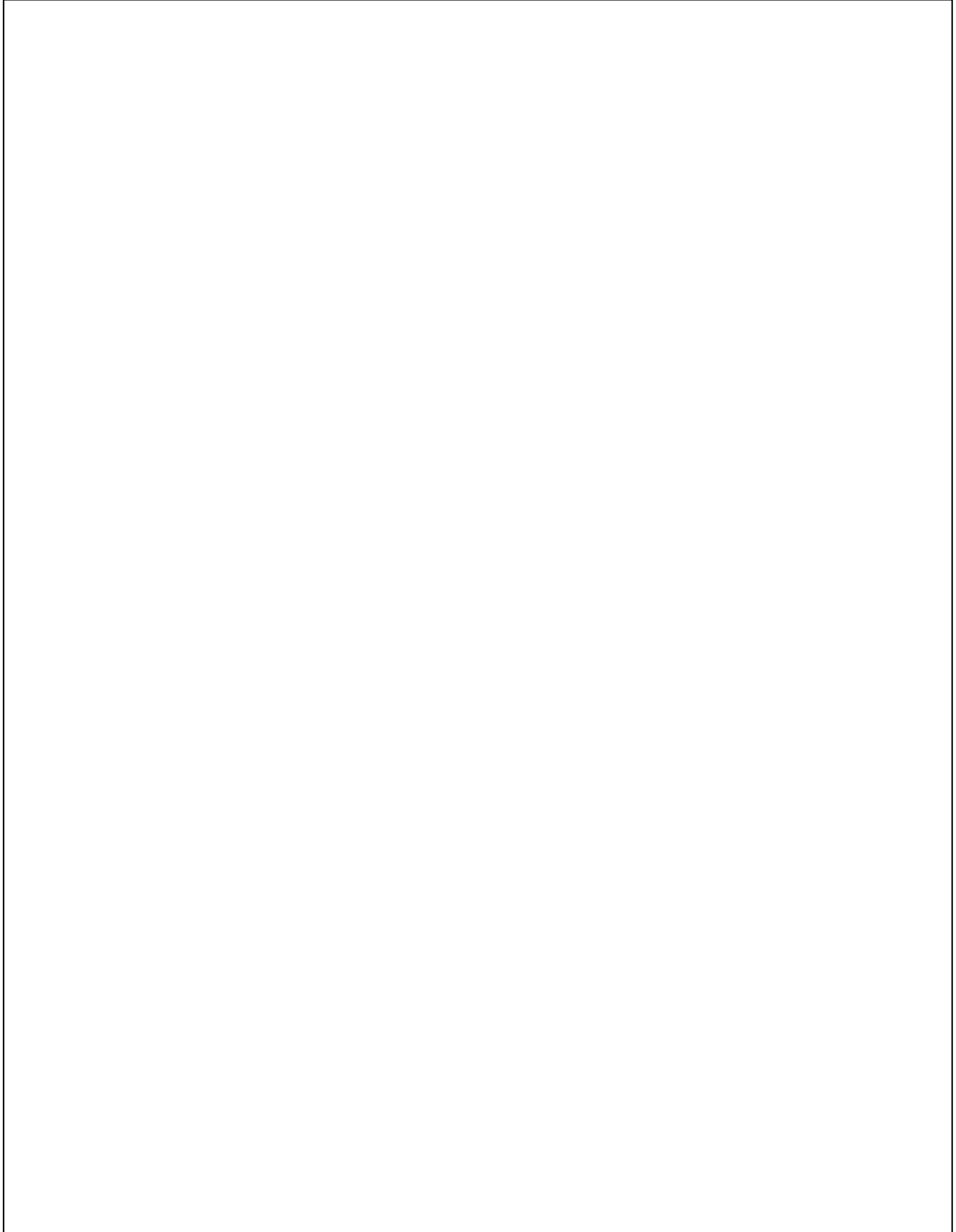
### Section 3: Statement of Work/Scope of Services (Use only the space provided)

This information will be used to structure the statement of work portion of the contract with the City of Albany.

#### A. Work Plan

Develop a sound statement of work/work plan narrative that details each service activity the program will undertake to achieve the program's goal. Include the following:

- service activity plan of action for **each** service activity to be provided;
- intake procedures and eligibility documentation, including methods to be used to implement HUD's client eligibility guidelines;
- program location(s) and hours of operation;
- outreach plan for clients and volunteers;
- use of volunteers to supplement paid staff;
- program evaluation plan; and
- program specific procedures and guidelines (if new program, please indicate when you plan to have them written),



**B. Collaboration with Albany Promise**

The City of Albany is a stakeholder in the Albany Promise, a cross-sector collaboration that includes higher education institutions, the Albany City School District, service providers, government agencies and the business community, for the purpose of promoting educational excellence in Albany. To that end, the Albany Promise has established common indicators of student success and Albany Promise working groups are establishing collaborative, data-driven strategies for improving outcomes in the City's schools of high need in Arbor Hill, West Hill and the South End. The Albany Promise has established three priority outcomes:

Early Childhood Learning  
Fourth Grade Success  
High School Success

The Albany Promise will work with its partners to align programs and services to achieve a collective impact on community, education and family factors designed to ensure that Albany develops a well-educated, well-prepared 21<sup>st</sup> century workforce that will revitalize the local and regional economy.

Because these goals are aligned with HUD National Objectives, we will provide a preference to applicants who currently participate in the Albany Promise, or who indicate they are willing to participate the Albany Promise initiative.

Please describe below your agency's participation in the Albany Promise, or the degree to which you will participate if your application is funded:

## C. Time Table and Service Activities

### 1. Time Table

Outline program plan activities/events that will take place during the award period.

Quarter of Activity	Activity/Action
Quarter 1: October– December	
Quarter 2: January - March	
Quarter 3: April - June	
Quarter 4: July - September	

D. Please identify the primary beneficiaries this program will serve. Be cognizant of the target population you name in the narrative portion of this proposal. Please check the appropriate categories below:

**Program Beneficiary Population** (Please check only one, “1.” or “2.”)

- ☐ 1. Low- and moderate-income population  
☐ 2. Presumed Benefit (Please check one below)

- |   |   |
|---|---|
| <input type="checkbox"/> Illiterate adults        | <input type="checkbox"/> Migrant farm workers     |
| <input type="checkbox"/> Battered Spouses         | <input type="checkbox"/> Homeless individuals     |
| <input type="checkbox"/> Elderly individuals      | <input type="checkbox"/> Abused children          |
| <input type="checkbox"/> Persons living with AIDS | <input type="checkbox"/> Adults with Disabilities |

E. Who are the program beneficiaries (target group) to be served? Please check all that apply.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Male              | <input type="checkbox"/> At-risk status         | <input type="checkbox"/> Veterans                 |
| <input type="checkbox"/> Female            | <input type="checkbox"/> Special Needs          | <input type="checkbox"/> Youth* ages ____ to ____ |
| <input type="checkbox"/> Substance Abusers | <input type="checkbox"/> Elderly, Frail Elderly |   |

\*Please include youth age range, not to exceed 19 years of age.

F. Service Activity Table

Activities are the measurable objectives of the program directly funded with City of Albany grant funds. Do **not** include activities that are solely funded through other sources. Service units should be defined in measurable terms, such as: one hour of child care, one three-hour counseling session, number of food packets distributed, or number of immunizations provided.

\*\*For each activity, please select one: **New Project** – Any activity not previously delivered by agency; **Expansion** – An established activity not currently funded by City of Albany Funds; **Renewal** – Current activity funded by the City of Albany.

Service Activity	Total Units of Service per Year	Cost per Unit of Service	Total cost per year
Activity 1:			
<input type="checkbox"/> New Project <input type="checkbox"/> Expansion <input type="checkbox"/> Renewal			
Activity 2:			
<input type="checkbox"/> New Project <input type="checkbox"/> Expansion <input type="checkbox"/> Renewal			
Activity 3:			
<input type="checkbox"/> New Project <input type="checkbox"/> Expansion <input type="checkbox"/> Renewal			
Total City of Albany Project Cost *			\$

\* The Total City of Albany Project Cost is the same as Requested Amount in line 1 of the Program Funding table found in the Program Cover Sheet.

G. Performance Measurement System: Complete the table below to outline your goals for the proposed program.

	Goal #1	Goal #2
<b>GOALS</b> – Proposed solutions to problems (as identified in Consolidated Plan)		
<b>INPUTS</b> – resources dedicated to or consumed by program		
<b>ACTIVITIES</b> - What the program does with the inputs to fulfill its mission		
<b>OUTPUTS</b> – The direct products of program activities		
<b>OUTCOMES</b> – benefits that result from the program		
<b>MEASUREMENT</b> - what tools the program uses to measure outcomes		

If any measurement tools (i.e. surveys, questionnaires, standardized tests) are used, please attach a copy to the proposal, along with this attachment, behind Tab C.

**Section 4: Budget Information (Use only the space provided)**

**A. Budget Narrative**

Describe the program budget, including itemized revenues and expenses. The budget narrative should explain the total program budget in detail and explain the budget line items in the order they are listed on the budget form. Provide an explanation for each line item expense.

B. Cost Per Person Served

CDBG	Program Year 40 Request
1. CDBG Funding Request	
2. Total Program Budget	
3. Total Organization Budget (including other programs)	
4. % of Program Budget (Item 1 divided by item 2)	
5. % of Organization Budget (Item 1 divided by item 3)	
6. Unduplicated Clients to be Served	
7. Total Program Cost Per Client (Item 2 divided by item 6)	
8. Total CDBG Cost Per Client (Item 1 divided by item 6)	

C. Fiscal Management

Describe the organization's fiscal management including:

- financial reporting,
- record keeping,
- accounting systems,
- payment procedures, and
- audit requirements (is your organization subject to A-133 single audit requirements?)

D. Program Budget

Please see additional files – CDBG RFP budget forms